

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS  
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of  
NeuroGrafix, et al.

Case Number: 1:15-cv-00033

v.

Toshiba America Medical Systems, Inc., et al.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Toshiba America Medical System, Inc.  
Smart Scan MRI LLC

NAME (Type or print) R. David Donoghue	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ R. David Donoghue	
FIRM Holland & Knight LLP	
STREET ADDRESS 131 South Dearborn Street, 30th Floor	
CITY/STATE/ZIP Chicago, IL 60603	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6273840	TELEPHONE NUMBER (312) 578-6553
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	